

228962

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

2011-29-H

CERTIFICATED COMPANY INFORMATION

Custom Network Solutions, Inc.
 Company Name _____

 (201) 845-4555
 Telephone # _____
 Dbafka _____
 210 Route 4 East, Suite 102
 Mailing Address _____
 Paramus, NJ 07652
 City, State, Zip Code _____
 Same as above
 Business Location _____
 Bergen
 City, State, Zip Code _____ County _____

REGISTERED AGENT INFORMATION

Registered Agent: _____ National Registered Agents, Inc. _____
 Mailing Address: _____ 2 Office Park Court, Suite 103 _____
 City, State, Zip Code: _____ Columbia SC 29223 _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Joseph Pugliese
General Manager (Include address if different than above.)
 (201) 845-4555 / (201) 845-5005 / jpugliese@cnsny.net
 Telephone Number Facsimile Number E-mail Address
- B. Stefanie Miller
Customer Relations /Complaints Representative (Include address if different than above.)
 (201) 845-4555 / (201) 845-5005 / smiller@cnsny.net
 Telephone Number Facsimile Number E-mail Address
- C1. Joseph Pugliese
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
 (201) 845-4555 / (201) 845-5005 / jpugliese@cnsny.net
 Telephone Number Facsimile Number E-mail Address
- C2. (800) 809-0663
Customer Contact (Toll Free Number)
- D. _____
Engineering Operations (Include address if different than above.)
 _____ / _____ / _____
 Telephone Number Facsimile Number E-mail Address
- E. Matthew Kennedy
Test and Repair (Include address if different than above.)
 (201) 845-4555 / (201) 845-5005 / mkennedy@cnsny.net
 Telephone Number Facsimile Number E-mail Address

F. Matthew Kennedy
Emergencies (During non-office hours)
(201) 845-4555 / (201) 845-5005 / mkennedy@cnsny.net
Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Laura Chai
Regulatory Officer (Include address if different than above.)
(201) 845-4555 / (201) 845-5005 / lchai@cnsny.net
Telephone Number Facsimile Number E-mail Address

H. _____
Dual Party Mailings (Name)

Mailing Address

Telephone Number / Facsimile Number / E-mail Address

I. _____
Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number / Facsimile Number / E-mail Address

J. Laura Chai
Universal Service Fund Mailings (Name)
210 Route 4 East, Suite 102 Paramus, NJ 07652
Mailing Address
(201) 845-4555 / (201) 845-5005 / lchai@cnsny.net
Telephone Number Facsimile Number E-mail Address

K. Laura Chai
Gross Receipts Mailings (Name)
210 Route 4 East, Suite 102 Paramus, NJ 07652
Mailing Address
(201) 845-4555 / (201) 845-5005 / lchai@cnsny.net
Telephone Number Facsimile Number E-mail Address

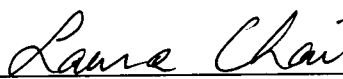
L. _____
Lifeline Mailings (Name)

Mailing Address

Telephone Number / Facsimile Number / E-mail Address

Laura Chai
This form was completed by (print name)

Controller
Title


Signature
3/28/2011
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 11/2010)